

PTO/SB/31 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031
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|--|--|--|--|--|---|--------------------------------|------------------------------------|--|-------------------------|-------------------------|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) <div style="text-align: right; font-weight: bold;">4467 (04973) 103 US</div> | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> In re Application of Zenhausen, Frederic </td> </tr> <tr> <td style="width: 60%; padding: 5px;"> Application Number 09/407,581 </td> <td style="width: 40%; padding: 5px;"> Filed Sept. 287 1999 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> For Method and Apparatus... </td> </tr> <tr> <td style="padding: 5px;"> Art Unit 2857 </td> <td style="padding: 5px;"> Examiner Tsat </td> </tr> </table> | | In re Application of Zenhausen, Frederic | | Application Number 09/407,581 | Filed Sept. 287 1999 | For Method and Apparatus... | | Art Unit 2857 | Examiner Tsat |
| In re Application of Zenhausen, Frederic | | | | | | | | | | |
| Application Number 09/407,581 | Filed Sept. 287 1999 | | | | | | | | | |
| For Method and Apparatus... | | | | | | | | | | |
| Art Unit 2857 | Examiner Tsat | | | | | | | | | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | | | | | | | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500</u> | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: </div> <div>\$ <u>250</u></div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> A check in the amount of the fee is enclosed. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____ . I have enclosed a duplicate copy of this sheet. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </div> | | | | | | | | | | |
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| I am the | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> applicant/inventor. </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>39,709</u> </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> | | | | | | | | | | |
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| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | | |
| <input type="checkbox"/> *Total of _____ forms are submitted. | | | | | | | | | | |

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| <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>39,709</u> | | <u>609-896-7654</u> Telephone number | |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ | | _____ Date | |
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